

UNITED STATES DISTRICT COURT

for the
Northern District of TexasTexans for Israel, et al*Plaintiff*

v.

Civil Action No. 2:24-cv-00167-Z

U.S. Department of the Treasury, et al*Defendant*

)

Summons in a Civil Action**TO:** U.S. Department of the Treasury

These copies of the summons and complaint are to be either:

- (1) delivered to the United States Attorney for the Northern District of Texas or to an assistant United States attorney or clerical employee whom the United States Attorney has designated in writing filed with the Clerk of the United States District Court for the Northern District of Texas;
or
- (2) send by registered or certified mail to the civil-process clerk at the Office of the United States Attorney for the Northern District of Texas (500 S. Taylor Street, Suite LB238, Amarillo, TX 79101)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) -- or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) -- you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Jonathan Mitchell
111 Congress Avenue
Suite 400
Austin , TX 78701

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT



Signature of Clerk or Deputy Clerk



Civil Action No. 2:24-cv-00167-Z

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (*name of individual and title, if any*) U.S. Department of the Treasury _____ was received by me on (*date*) August 7, 2024 _____.

I personally served the summons on the individual at (*place*) _____ on (*date*) _____; or

I left the summons at the individual's residence or usual place of abode with (*name*) _____, a person of suitable age and discretion who resides there, on (*date*) _____, and mailed a copy to the individual's last known address; or

I served the summons on (*name of individual*) _____, who is designated by law to accept service of process on behalf of (*name of organization*) _____ on (*date*) _____; or

I returned the summons unexecuted because _____; or

other (*specify*) I served the summons and a copy of the complaint via USPS Certified Mail. The documents were served by the USPS on August 17, 2024, as shown on the return receipt green card attached hereto.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____

I declare under penalty of perjury that this information is true.

Date: 9.12.2024



Server's signature

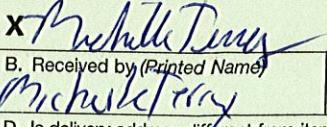
Kim Acres, Paralegal

Printed name and title

15405 John Marshall Hwy, Haymarket, VA 20169

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	
<p>1. Article Addressed to:</p> <p>Civil Process Clerk Office of the US Attorney Northern District of Texas 500 S Taylor St, Ste LB238 Amarillo TX 79101</p>	
<p>2. Article Number (Transfer from service label)</p> <p>9590 9402 7693 2122 6650 90 7020 1290 0002 1333 6935</p>	
<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Michael Terry C. Date of Delivery 8/17/24</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery <input type="checkbox"/> O</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>PS Form 3811, July 2020 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	